

Garage Copy

RIVERSIDE TRANSIT AGENCY OPERATORS' DEFECT REPORT

BUS: _____ DATE: _____

DOORS	W/C LIFT	AC/HEAT	EXT LIGHTING
<input type="checkbox"/> Stick	<input type="checkbox"/> No Power	<input type="checkbox"/> Defroster	<input type="checkbox"/> Headlights
<input type="checkbox"/> Too Fast	<input type="checkbox"/> Deploy	<input type="checkbox"/> No Heat	<input type="checkbox"/> Tail Lights
<input type="checkbox"/> Too Slow	<input type="checkbox"/> Platform	<input type="checkbox"/> No A/C	<input type="checkbox"/> Turn Signals
<input type="checkbox"/> Won't Close	<input type="checkbox"/> Restraint	<input type="checkbox"/> A/C Light	<input type="checkbox"/> Flashers
<input type="checkbox"/> Won't Open	<input type="checkbox"/> Stow	<input type="checkbox"/> Blowers	<input type="checkbox"/> Clearance

ELECTRICAL	SUSPENSION	BRAKES	BODY DAMAGE
<input type="checkbox"/> Dome Lights	<input type="checkbox"/> Air Leak	<input type="checkbox"/> Pull L / R	<input type="checkbox"/> Bumpers
<input type="checkbox"/> Guages	<input type="checkbox"/> Leans	<input type="checkbox"/> Lock up	<input type="checkbox"/> Front End
<input type="checkbox"/> Telltale Lamps	<input type="checkbox"/> Won't Raise	<input type="checkbox"/> Soft	<input type="checkbox"/> Rear End
<input type="checkbox"/> Horn	<input type="checkbox"/> Kneeler	<input type="checkbox"/> Noisy	<input type="checkbox"/> Left Side
<input type="checkbox"/> Chime	<input type="checkbox"/> Noisy	<input type="checkbox"/> Parking Brake	<input type="checkbox"/> Right Side

WINDOWS	MIRRORS	FAREBOX	RADIO
<input type="checkbox"/> Broken	<input type="checkbox"/> Broken	<input type="checkbox"/> Jammed	<input type="checkbox"/> Dead
<input type="checkbox"/> Etched	<input type="checkbox"/> Too Loose	<input type="checkbox"/> In Bypass	<input type="checkbox"/> Static
<input type="checkbox"/> Won't Open	<input type="checkbox"/> Too Tight	<input type="checkbox"/> Won't Take Bill	<input type="checkbox"/> Volume
<input type="checkbox"/> Won't Close	<input type="checkbox"/> Won't Adjust	<input type="checkbox"/> Won't Register	<input type="checkbox"/> Won't Transmit
<input type="checkbox"/> Need Cleaning	<input type="checkbox"/> Spot Mirror	<input type="checkbox"/> Other	<input type="checkbox"/> Won't Receive

ENGINE	TRANSMISSION	TIRES
<input type="checkbox"/> Stop Light	<input type="checkbox"/> Low Power	<input type="checkbox"/> Trans Light
<input type="checkbox"/> Check Light	<input type="checkbox"/> Won't Start	<input type="checkbox"/> Won't Shift
<input type="checkbox"/> Overheats	<input type="checkbox"/> Oil Leaks	<input type="checkbox"/> No Forward
<input type="checkbox"/> Smokes	<input type="checkbox"/> Fuel Leaks	<input type="checkbox"/> No Reverse
<input type="checkbox"/> Vibrates	<input type="checkbox"/> Water Leaks	<input type="checkbox"/> Slips
<input type="checkbox"/> Stalls	<input type="checkbox"/> Noisy	<input type="checkbox"/> Leaks
		<input type="checkbox"/> Loose Lugs

STEERING	OTHER ITEMS
<input type="checkbox"/> Hard	<input type="checkbox"/> Wipers
<input type="checkbox"/> Shimmys	<input type="checkbox"/> Headsign
<input type="checkbox"/> Excessive Play	<input type="checkbox"/> Accelerator
<input type="checkbox"/> Pulls R / L	<input type="checkbox"/> Interlock
	<input type="checkbox"/> Sensitive Edge
	<input type="checkbox"/> Emerg Exits
	<input type="checkbox"/> Grafitti
	<input type="checkbox"/> Seats
	<input type="checkbox"/> Amigo Straps
	<input type="checkbox"/> Int Dirty
	<input type="checkbox"/> Ext Dirty
	<input type="checkbox"/> Other

ADDITIONAL INFORMATION:

OPERATORS' TRIP RECORD				
#	TIME IN	TIME OUT	RUN	SIGNATURE
1				
2				
3				
4				

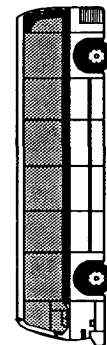
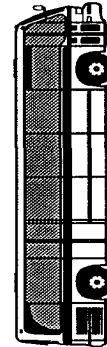
REPAIR ACTION: (SHOP USE ONLY)

MECH SIGNATURE: _____ DATE: _____

PRE-OPERATION CHECKLIST

BUS: _____ HUB: _____ DATE: _____

BODY DAMAGE
Circle Damaged Areas



DRIVER

1 2 3 4

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Telltale Lamps |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horn |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mirrors: Right Left Interior |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Controls |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Headsign Test |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Passenger Chime |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Climate Control |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Defroster |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior Lighting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Farebox |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Front and Rear Steps |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wheelchair Lift |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | W/C Belts and Straps |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sensitive Edge |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Headlights |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Brake Lights |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Turn Signals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Flashers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | License Plates and Light |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clearance Lamps |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windshield/Windows |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wipers/Washers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Body (Front) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Body (Rear) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Body (Left) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Body (Right) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Decals and Logos |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tire (Flat): RF LF LR RR |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tire (Low): RF LF LR RR |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tire (Worn): RF LF LR RR |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loose Lugs: RF LF LR RR |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver's Seat and Seat Belt |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Static Air Pressure Loss |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Applied Air Pressure Loss |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radio Check |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parking Brake |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interlock |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speed Sensor |

NOTE: Defective items must be repaired before leaving the yard, or written up on the front side of this defect report.

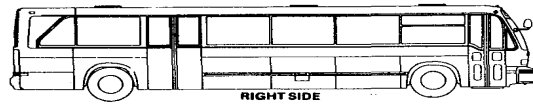
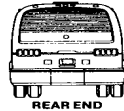
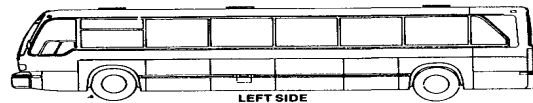


No 4239

Date: _____ Operators Defect Card Bus: _____

BUS PRE-TRIP CHECK ☐ACCIDENT ☐

NOTE any damage on bus body.



Press Hard, ballpoint only. Check (✓) each item below, if defective.

CHECKLIST:**INSIDE**

- () Parking Brake
 () Start Engine
 () Radio
 () Farebox (light)
 () Oil Pressure (light or gauge)
 () Air Pressure (gauge)
 () Low Air Warning
 () Windshield Wiper & Washer
 () Heater — Defroster
 () Mirrors
 () Air Conditioner
 () Telltale lights or Buzzers
 () Horn
 () Apply Rear Wheel Brakes in
 Emergency (Manual Control)
 () Windows
 () Seats
 () Steering Wheel-Play
 () Fire Extinguisher and
 Highway Devices
 () Turn Signal Operation
 () Front & Rear Door Operation
 and Interlock
 () Turn on all lights including
 4-way Flasher

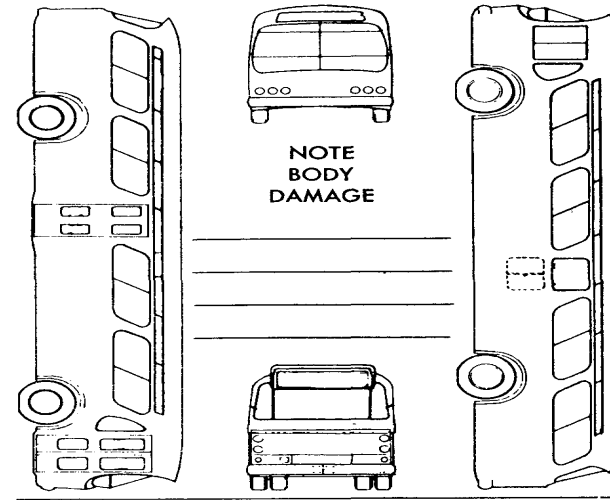
OUTSIDE

- () Service Doors
 () Tires
 () Wheels, Lugs
 () Clearance Lights
 () Reflectors
FRONT
 () Ft. Destination Sign
 () Destination Sign Light
 () Headlight
 () Turn Signal Lights
 () License Plate
SIDES
 () Entrance and Exit Doors
 () Side Destinations Sign
 () Destination Sign Light
REAR
 () Tail Lights
 () Stop Lights
 () Turn Signal Lights
 () License Plate/Light
 () Rr Destination Sign (if applies)
 () Destination Sign Light
 (if applies)

PROBLEMS

OPERATOR'S SIGNATURE _____

OPERATOR'S COPY

**MECHANIC REPORT ON DEFECT**

DATE REPAIRED _____

SIGNATURE OF MECHANIC _____

W.O. # _____